

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

HCR MANOR CARE PAC

ADDRESS (number and street)

333 NORTH SUMMIT STREET

16TH FLOOR

☐ Check if different than previously reported. (ACC)

TOLEDO

OH

43604

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00260141

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2014

through

M M M / D D D / Y Y Y Y Y Y
03 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Brad Bury

Signature of Treasurer

Brad Bury

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 11 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

HCR MANOR CARE PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y 2014		11344.69
(b) Cash on Hand at Beginning of Reporting Period.....	11344.69	
(c) Total Receipts (from Line 19)	60908.43	60908.43
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	72253.12	72253.12
7. Total Disbursements (from Line 31)	43051.45	43051.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	29201.67	29201.67
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

HCR MANOR CARE PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
01	/	01	/	2014

To:

M M	/	D D	/	Y Y Y Y
03	/	31	/	2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

40053.46

40053.46

(ii) Unitemized

10854.33

10854.33

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

50907.79

50907.79

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

50907.79

50907.79

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

10000.00

10000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.64

0.64

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

60908.43

60908.43

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

60908.43

60908.43

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	51.45	51.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	51.45	51.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42500.00	42500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	500.00	500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	43051.45	43051.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43051.45	43051.45

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	50907.79	50907.79
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50907.79	50907.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	51.45	51.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	51.45	51.45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Martin D Allen

Mailing Address 7151 Whispering Oak

City State Zip Code
 Sylvania OH 43560

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

AVP / Dir Internal Aud & Risk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.86

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.37993

Amount of Each Receipt this Period

1153.86

BI WEEKLY DEDUCTIN

Full Name (Last, First, Middle Initial)

B. Jeffrey R Amann

Mailing Address 5100 Newton Ave. South

City State Zip Code
 Minneapolis MN 55419

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.38

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.37995

Amount of Each Receipt this Period

388.38

BI WEEKLY DEDUCTION

Full Name (Last, First, Middle Initial)

C. Paul J Barber

Mailing Address 6240 N. Broadway

City State Zip Code
 Freeport MI 49325

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.38

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.38001

Amount of Each Receipt this Period

226.38

BI WEEKLY DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1768.62

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 30
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial) A. Ms Tammy Barker			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2014 Transaction ID : SA11AI.38002		
Mailing Address 4521 Sutton Rd			Amount of Each Receipt this Period 216.00		
City Britton	State MI	Zip Code 49229	BI WEEKLY DEDUCTION		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 216.00			
Name of Employer HCR Manor Care, LLC.		Occupation AVP - Quality Support Svcs			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
Full Name (Last, First, Middle Initial) B. Ms. Jocelyn D. Barnes			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2014 Transaction ID : SA11AI.38003		
Mailing Address 9108 Shadowbrook Trail			Amount of Each Receipt this Period 334.56		
City Orlando	State FL	Zip Code 32825	BI WEEKLY DEDUCTION		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 334.56			
Name of Employer HCR ManorCare, Inc.		Occupation Regional Director of Operations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
Full Name (Last, First, Middle Initial) C. Ms Julie Beckert			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2014 Transaction ID : SA11AI.38009		
Mailing Address 3911 Buell			Amount of Each Receipt this Period 300.00		
City Toledo	State OH	Zip Code 43613	BI WEEKLY DEDUCTION		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00			
Name of Employer HCR Manor Care, Inc.		Occupation Director of Marketing			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					
SUBTOTAL of Receipts This Page (optional).....			850.56		
TOTAL This Period (last page this line number only).....					

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. David Burke

Mailing Address 425 Kingwood Rd

City

Linthicum Heights

State

MD

Zip Code

21090

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.38019

Amount of Each Receipt this Period

230.82

BI WEEKLY DEDUCTION

Full Name (Last, First, Middle Initial)

B. Steven M Cavanaugh

Mailing Address 9036 Sand Ridge Drive

City

Holland

State

OH

Zip Code

43528

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

VP, Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 11 / 2014

Transaction ID : SA11AI.37955

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Mr. William Chenevert

Mailing Address 2018 N. Rosemary

City

Tucson

State

AZ

Zip Code

85716

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.38028

Amount of Each Receipt this Period

230.80

BI WEEKLY DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5461.62

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Ms Nancy Edwards

Mailing Address 9261 Lerwick Dr

City State Zip Code
Dublin OH 43017

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR.ManorCare, Inc.

Occupation

General Manager, Central Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.38044

Amount of Each Receipt this Period

769.20

BI WEEKLY DEDUCTION

Full Name (Last, First, Middle Initial)

B. Linda J Emmett

Mailing Address 10408 Meadowlark Ct. East

City State Zip Code
Bonney Lake WA 98391

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.38046

Amount of Each Receipt this Period

225.00

BI WEEKLY DEDUCTION

Full Name (Last, First, Middle Initial)

C. R Michael Ferguson

Mailing Address 2450 Underhill Rd

City State Zip Code
Toledo OH 43615

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

VP & Dir of Purchasing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.38049

Amount of Each Receipt this Period

576.90

BI WEEKLY DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1571.10

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. A. Louise Forsha

Mailing Address P. O. Box 418

City

Albrightsville

State

PA

Zip Code

18210

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator - Hampton House

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 04 / 2014

Transaction ID : SA11AI.38208

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mr. Gary T. Geise

Mailing Address 28561 Woodland Ave

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Director of Reimbursement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.38

Date of Receipt

03 / 31 / 2014

Transaction ID : SA11AI.38061

Amount of Each Receipt this Period

295.38

BI WEEKLY DEDUCTION

Full Name (Last, First, Middle Initial)

C. Mr. Leonard Grabijas

Mailing Address 2682 Ravine Side North

City

Howell

State

MI

Zip Code

48843

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, LLC.

Occupation

VP Sales & Mktng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.64

Date of Receipt

03 / 31 / 2014

Transaction ID : SA11AI.38065

Amount of Each Receipt this Period

261.64

BI WEEKLY DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1057.02

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Mr. John Graham

Mailing Address 3000 Riva Ridge Rd

City

Toledo

State

OH

Zip Code

43615

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR.ManorCare, Inc.

Occupation

VP Assisted Living

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11AI.37980

Amount of Each Receipt this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ruth G Graziano

Mailing Address 503 Elk Mills Road

City

Oxford

State

PA

Zip Code

19363

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.38066

Amount of Each Receipt this Period

348.00

BI WEEKLY DEDUCTION

Full Name (Last, First, Middle Initial)

C. Karen Harris

Mailing Address 8250 SW 8th St

City

North Lauderdale

State

FL

Zip Code

33068

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Assistant Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.42

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.38071

Amount of Each Receipt this Period

288.42

BI WEEKLY DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5636.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Mr. Alan Hash

Mailing Address 9496 South Dunbar Circle

City State Zip Code
 South Jordan UT 84095

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Regional Director - Western Division 5

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 31 2014

Transaction ID : SA11AI.38072

Amount of Each Receipt this Period

720.00

BI WEEKLY DEDUCTION

Full Name (Last, First, Middle Initial)

B. Kevin C Henricks

Mailing Address 23636 W. Chicago St. Unit 102

City State Zip Code
 Plainfield IL 60544

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 31 2014

Transaction ID : SA11AI.38074

Amount of Each Receipt this Period

249.00

BI WEEKLY DEDUCTION

Full Name (Last, First, Middle Initial)

C. Elizabeth B. Hill

Mailing Address 1285 Sunhill Drive

City State Zip Code
 Lawrenceville GA 30043

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 31 2014

Transaction ID : SA11AI.38076

Amount of Each Receipt this Period

300.00

BI WEEKLY DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1269.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Rebecca Hollingsead

Mailing Address 558 N Hillcrest

City

Decatur

State

IL

Zip Code

62522

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care

Occupation

Director Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.04

Date of Receipt

03 / 31 / 2014

Transaction ID : SA11AI.38079

Amount of Each Receipt this Period

223.04

BI WEEKLY DEDUCTION

Full Name (Last, First, Middle Initial)

B. Kathryn Hoops

Mailing Address 24708 McCutchenville Road

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

VP of Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

03 / 31 / 2014

Transaction ID : SA11AI.38080

Amount of Each Receipt this Period

692.28

BI WEEKLY DEDUCTION

Full Name (Last, First, Middle Initial)

C. Carla Davis Hughes

Mailing Address 745 Washington Street
#603

City

Toledo

State

OH

Zip Code

43604

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

VP of Sales- Mktg - HHHH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

03 / 31 / 2014

Transaction ID : SA11AI.38085

Amount of Each Receipt this Period

230.76

BI WEEKLY DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1146.08

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Ms Diane Johnson

Mailing Address 206 Ruth Road

City

Fleetwood

State

PA

Zip Code

19522

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR.ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.38090

Amount of Each Receipt this Period

360.00

BI WEEKLY DEDUCTION

Full Name (Last, First, Middle Initial)

B. Daniel L Johnston

Mailing Address 1027 N 3rd Street

City

St Charles

State

MO

Zip Code

63301

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.76

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.38092

Amount of Each Receipt this Period

380.76

BI WEEKLY DEDUCTION

Full Name (Last, First, Middle Initial)

C. Robert G Julius

Mailing Address 3321 Pelham Rd

City

Ottawa Hills

State

OH

Zip Code

43606

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Mgr. Business Office Process Dev.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.38094

Amount of Each Receipt this Period

230.80

BI WEEKLY DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

971.56

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Elizabeth M Kaczor

Mailing Address 1689 Rauch Rd

City

State

Zip Code

Temperance

MI

48182

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

HCR ManorCare Inc.

AVP HR Operations

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.38095

Amount of Each Receipt this Period

300.00

BI WEEKLY DEDUCTION

Full Name (Last, First, Middle Initial)

B. Linda Karling-Lott

Mailing Address 4361 Conrwallis Ct

City

State

Zip Code

Marietta

GA

30068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

HCR Manor Care, Inc.

Administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

211.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.38098

Amount of Each Receipt this Period

211.80

BI WEEKLY DEDUCTION

Full Name (Last, First, Middle Initial)

C. Janet Kovalich

Mailing Address 285 South Turnpike Street

City

State

Zip Code

Dushore

PA

18614

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

HCR ManorCare

Administrator

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 06 / 2014

Transaction ID : SA11AI.37952

Amount of Each Receipt this Period

650.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1161.80

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Barry Lazarus

Mailing Address 2629 Liverpool Court

City State Zip Code
Toledo OH 43617

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR.Manor Care, Inc.

Occupation

VP - Reimbursement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 06 / 2014

Transaction ID : SA11AI.37951

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Mr. Elliot Lekawa

Mailing Address 13690 Highland Springs Ct

City State Zip Code
Wichita KS 67235

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, LLC.

Occupation

RDO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.50

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.38113

Amount of Each Receipt this Period

211.50

BI WEEKLY DEDUCTION

Full Name (Last, First, Middle Initial)

C. Ms. Janet Mastrangelo (Howells)

Mailing Address 266 Crossing Creek North

City State Zip Code
Gahanna OH 43230

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR.ManorCare, Inc.

Occupation

Assistant Vice President of Rehab

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.38123

Amount of Each Receipt this Period

385.00

BI WEEKLY DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5596.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. William J McDaniel II

Mailing Address 3249 Morningdale Dr

City

Mt. Pleasant

State

SC

Zip Code

29466

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

03 / 31 / 2014

Transaction ID : SA11AI.38125

Amount of Each Receipt this Period

270.00

BI WEEKLY DEDUCTION

Full Name (Last, First, Middle Initial)

B. Mary McGrath

Mailing Address 909 Farmhaven Drive

City

Coraopolis

State

PA

Zip Code

15108

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Director of Nursing Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 21 / 2014

Transaction ID : SA11AI.37983

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Murry Mercier

Mailing Address 7110 Oak Bluff Lane

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

VP - Information Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

03 / 31 / 2014

Transaction ID : SA11AI.38129

Amount of Each Receipt this Period

1140.00

BI WEEKLY DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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1910.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Debra Miles

Mailing Address 7448 Hickory Valley Drive

City State Zip Code
 Maumee OH 43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
AVP & Director of Accounting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 31 2014

Transaction ID : SA11AI.38131

Amount of Each Receipt this Period

210.76

BI WEEKLY DEDUCTION

Full Name (Last, First, Middle Initial)

B. Scott Miller

Mailing Address 198 Old Mill Drive

City State Zip Code
 Langhorne PA 19047

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Sr Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 31 2014

Transaction ID : SA11AI.38132

Amount of Each Receipt this Period

317.28

BI WEEKLY DEDUCTION

Full Name (Last, First, Middle Initial)

C. Nancy Nicholson

Mailing Address 3644 Chesterton Drive

City State Zip Code
 Toledo OH 43615

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare

Occupation
Business Office Processes

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 10 2014

Transaction ID : SA11AI.37954

Amount of Each Receipt this Period

750.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1278.04

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Eric O'Neill

Mailing Address 4009 East Braeburn Dr

City

Appleton

State

WI

Zip Code

54913

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

03 / 31 / 2014

Transaction ID : SA11AI.38145

Amount of Each Receipt this Period

240.00

BI WEEKLY DEDUCTION

Full Name (Last, First, Middle Initial)

B. Ms Leslie Ohm

Mailing Address 12331 South 71st Avenue

City

Palos Heights

State

IL

Zip Code

60463

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.15

Date of Receipt

03 / 31 / 2014

Transaction ID : SA11AI.38144

Amount of Each Receipt this Period

349.15

BI WEEKLY DEDUCTION

Full Name (Last, First, Middle Initial)

C. Ms. Annette Orlowski

Mailing Address 2664 Heytman Dr

City

Lansing

State

IA

Zip Code

52151

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare, Inc.

Occupation

Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.00

Date of Receipt

03 / 31 / 2014

Transaction ID : SA11AI.38147

Amount of Each Receipt this Period

268.00

BI WEEKLY DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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857.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Paul A. Ormond

Mailing Address 2420 Underhill Road

City State Zip Code
 Toledo OH 43615

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR.ManorCare, Inc.

Occupation

Chairman President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 04 2014

Transaction ID : SA11AI.37949

Amount of Each Receipt this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mr. James Pagoaga

Mailing Address 21 Winding Creek Drive

City State Zip Code
 Sylvania OH 43560

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR.ManorCare, Inc.

Occupation

Vice President, Rehabilitation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.18

Date of Receipt

M M / D D / Y Y Y Y Y
 03 31 2014

Transaction ID : SA11AI.38148

Amount of Each Receipt this Period

769.18

BI WEEKLY DEDUCTION

Full Name (Last, First, Middle Initial)

C. Mr. David Parker

Mailing Address 2154 Tremont Road

City State Zip Code
 Columbus OH 43212

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR.ManorCare, Inc.

Occupation

VP Assistant General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.42

Date of Receipt

M M / D D / Y Y Y Y Y
 03 31 2014

Transaction ID : SA11AI.38150

Amount of Each Receipt this Period

588.42

BI WEEKLY DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

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6357.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. David R Roth

Mailing Address 5257 Bentwood Drive

City State Zip Code
Mason OH 45040

FEC ID number of contributing federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Director Of Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 31 2014

Transaction ID : SA11AI.38166

Amount of Each Receipt this Period

206.00

BI WEEKLY DEDUCTION

Full Name (Last, First, Middle Initial)

B. Mr. Rick Rump

Mailing Address 2423 Heather Glen

City State Zip Code
Maumee OH 43537

FEC ID number of contributing federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation
Director of Corporate Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 31 2014

Transaction ID : SA11AI.38167

Amount of Each Receipt this Period

283.67

BI WEEKLY DEDUCTION

Full Name (Last, First, Middle Initial)

C. Mary Jane Ruppert

Mailing Address 603 North Blackhoof St.

City State Zip Code
Wapakoneta OH 45895

FEC ID number of contributing federal political committee.

C

Name of Employer
HCR ManorCare

Occupation
Sr Dir 4H Compliance and Edu

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 31 2014

Transaction ID : SA11AI.38169

Amount of Each Receipt this Period

249.66

BI WEEKLY DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

739.33

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Ms Elizabeth Schupp

Mailing Address 1022 Oakview Drive

City State Zip Code
 Highland Heights OH 44143

FEC ID number of contributing
federal political committee.

C

Name of Employer
 HCR.ManorCare, Inc.

Occupation
 Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 14 / 2014

Transaction ID : SA11AI.37969

Amount of Each Receipt this Period

450.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ms Joyce Louise Smith

Mailing Address 3521 Cedar Creek Court

City State Zip Code
 Maumee OH 43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
 HCR.ManorCare, Inc.

Occupation
 Vice President, Director Clinical Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.38177

Amount of Each Receipt this Period

308.00

BI WEEKLY DEDUCTION

Full Name (Last, First, Middle Initial)

C. Mr. Eric Talbert

Mailing Address 7231 Stonewater Ct

City State Zip Code
 Maumee OH 43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
 HCR Manor Care, Inc.

Occupation
 Div. Director of Operations Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.38188

Amount of Each Receipt this Period

240.00

BI WEEKLY DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

998.00

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Rami Ubaydi

Mailing Address 6519 Chatham Circle

City

Rochester Hills

State

MI

Zip Code

48306

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR Manor Care, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.24

Date of Receipt

03 / 31 / 2014

Transaction ID : SA11AI.38191

Amount of Each Receipt this Period

442.24

BI WEEKLY DEDUCTION

Full Name (Last, First, Middle Initial)

B. CYNTHIA WINIARSKI

Mailing Address 3241 Rockcress Ct

City

Ann Arbor,

State

MI

Zip Code

48103

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

IS Manager, Data Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 21 / 2014

Transaction ID : SA11AI.37979

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

c. Cynthia M Zalewski

Mailing Address 3845 Drummond Rd

City

Toledo

State

OH

Zip Code

43613

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare Inc.

Occupation

Senior Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 31 / 2014

Transaction ID : SA11AI.38199

Amount of Each Receipt this Period

230.82

BI WEEKLY DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1173.06

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Patricia J Zurick

Mailing Address 807 Johnston Drive

City

Bethlehem

State

PA

Zip Code

18017

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCR ManorCare

Occupation

Administrative Director of Nursing Srv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2014

Transaction ID : SA11AI.37978

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

40053.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 30
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
HCR MANOR CARE PAC

A. CANTOR VICTORY FUND Full Name (Last, First, Middle Initial) Mailing Address 25 EAST MAIN STREET City RICHMOND State VA Zip Code 23219 FEC ID number of contributing federal political committee. C C00420174 Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 04 / 2014 Transaction ID : SA16.37950 Amount of Each Receipt this Period 10000.00 Return of Contribution
B. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼		Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period
C. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼		Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)..... ▶		10000.00
TOTAL This Period (last page this line number only)..... ▶		10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. CANTOR VICTORY FUND

Mailing Address 25 EAST MAIN STREET

City	State	Zip Code
RICHMOND	VA	23219

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2014

Transaction ID : SB23.38210

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B. DAVE CAMP FOR CONGRESSMailing Address 5915 EASTMAN AVENUE
SUITE 100

City	State	Zip Code
MIDLAND	MI	48640

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MI District: 04

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	21	/	2014

Transaction ID : SB23.37943

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 MARYLAND AVENUE NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	21	/	2014

Transaction ID : SB23.37941

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

22500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Friends of Joe Pitts

Mailing Address PO Box 775

City	State	Zip Code
Unionville	PA	19375

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: PA District: 16

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	03	/	2014

Transaction ID : SB23.37948

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. JENKINS, EVAN H

Mailing Address 121 OAK LANE

City	State	Zip Code
HUNTINGTON	WV	25701

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: WV District: 03

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	18	/	2014

Transaction ID : SB23.37976

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO BOX 12667

City	State	Zip Code
BAKERSFIELD	CA	93389

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 23

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2014

Transaction ID : SB23.37984

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

--

	21b		22	<input checked="" type="checkbox"/>	23		24		25		26
	27		28a		28b		28c		29		30b

HCR MANOR CARE PAC

A. PAT MURPHY FOR IOWA

Date of Disbursement

Transaction ID : SB23.37961

Category/
Type

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 01

Amount of Each Disbursement this Period

1500.00

B. RYAN FOR CONGRESS, INC.

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB23.37499

Category/
Type

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 01

Amount of Each Disbursement this Period

5000.00

C. RYAN FOR CONGRESS, INC.

Date of Disbursement

Transaction ID : SB23.37500

Category/
Type

Disbursement For: 2014

Primary ☒ General
Other (specify) ▼

State: WI District: 01

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....

11500.00

TOTAL This Period (last page this line number only).....

[illegible]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. TEXANS FOR SENATOR JOHN CORNYN INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2014

Mailing Address PO BOX 13026

City	State	Zip Code
AUSTIN	TX	78711

Transaction ID : SB23.37946Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2500.00

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 00

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

42500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCR MANOR CARE PAC

Full Name (Last, First, Middle Initial)

A. Husted for Ohio

Mailing Address 211 S Fifth Street

City	State	Zip Code
Columbus	OH	43215

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2014

Transaction ID : SB29.37974

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

500.00

500.00
